Request for Information – Response
October 16, 2020

TO: Texas House Committee on Public Health
PublicHealth@house.texas.gov

FROM: Lee Johnson, MPA
Deputy Director, Texas Council of Community Centers
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RE: Request for Information (RFI) Response for Interim Charge 1 – Due October 16th

Related to Women/Maternal/Infant Health

HB 253, which requires the Health and Human Services Commission (HHSC) to develop and implement a five-year strategic plan to address postpartum depression. Monitor the development of the strategic plan to ensure it provides strategies to improve access to postpartum depression screening, referral, treatment, and support services.

On behalf of the Texas Council of Community Centers (Texas Council), thank you for the opportunity to comment on HB 253 addressing postpartum depression.

Texas Council represents the 39 Community Mental Health Centers (Centers) throughout Texas statutorily authorized to coordinate, provide, and manage community-based services for persons with serious mental illness and substance addictions. In many areas of the state Centers are known as Local Mental Health Authorities (LMHAs) or Local Behavioral Health Authorities (LBHAs).

In response to legislative interest and increased demand for mental health services to address postpartum depression screening, referral, treatment and support services, the Texas Council released a survey to understand current status, challenges and educational needs for Centers in providing post-partum depression treatment and perinatal (PMI) services. PMI relates to the time, usually several weeks, immediately before and after birth.

Based on survey results, support and funding for training would allow Centers currently providing PMI services to increase capacity.

The following are survey results from the 39 Centers.

Perinatal Mental Illness Survey
October 2020

Do your practitioners treat women with PMI?
Yes – 62% (24/39)

No – 38% (15/39)

If yes

What is the approximate total annual volume of patients that your practitioners treat for PMI?

1-9 – 21% (5/24)
10-49 – 33% (8/24)
50-99 – 4% (1/24)
100+ – 4% (1/24)
Unknown / would be difficult to provide response by survey due date – 38% (9/24)

What are the provider specialties that provide PMI services in your LMHA?

Perinatal psychiatrist – 0% (0/24)
General psychiatrist – 83% (20/24)
PMHNs – 38% (9/24)
Psychologists – 8% (2/24)
LPC/LMFT – 71% (17/24)
LICSW/LCSW/ACSW – 46% (11/24)
Other - please specify –

- ANP
- PNP
- QMHPs

Which treatments do your practitioners offer for PMI?

Cognitive behavioral therapy (CBT) – 88% (21/24)
Interpersonal therapy (IPT) – 13% (3/24)
Psychodynamic therapy (PDT) – 13% (3/24
Group therapy – 17% (4/24)
Dyadic therapy for mother and baby – 8% (2/24)
Couples and/or family therapy – 17% (4/24)
Bright light therapy – 0%
Pharmacotherapy – 75% (18/24)
Electroconvulsive therapy – 0%
Transcranial magnetic stimulation (TMS) – 0%
Other - please specify

- Supportive counseling
- TCM, Skills Training
- PADRE program offers support and psychoeducational group
- Brief Therapy by Behavioral Health Consultants
- Infant-Parent Psychotherapy
- Case management

In the past year, which modes have been used to provide services to manage PMI?

In-person – 96% (23/24)
Telemedicine – 96% (23/24)

Other - please specify

- Telephone (audio only)

Are there services that you provide in coordination with the women's primary care providers?
Yes – 50% (12/24)

How do you coordinate the services?

- We have a program that interfaces with primary for certain populations.
- Consultation; care management
- Coordinate treatment through telephone consults.
- Provide referrals to OB/GYNs for perinatal care while continuing to offer ongoing mental health services.
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- Through a CMHG. Integrated Care
- Services are arranged by PCPs with our Behavioral Health Consultants. Care Coordinators are accessed for service coordination / resources, as needed.
- When possible-we collaborate with local public hospital-UHS When patients are also patients of UHS collaboration/coordination occurs
- We talk with their PCP's and OBGYN's to make sure we are all coordinating treatment for the safety of the mother and child which includes medications the mother may be taking.
- Embedded primary care
- Telephone, secure emails, record exchange
- Referrals for treatment, group therapy
- Completing consent forms and following up with course of treatment.

Would your practitioners be interested in any of the following free services?
Training on treatment of PMI – 92% (23/24)
Project ECHO Model (TM) support on treating PMI patients – 75% (18/24)
Consultation with a Perinatal Psychologist and team on treatment of patients with PMI (e.g., provider-to-provider consultation) – 83% (20/24)

Would your LMHA potentially be able to increase their capacity in treating patients with PMI if they were to receive any of the services listed in the question above?
Yes – 71% (17/24)

What steps or resources would be needed to increase capacity for management of PMI at your LMHA?

- Funding to provide care to those without a payor source
- Funding to conduct outreach
- Funding to acquire additional providers with a focus to provide these services
- Creating specialty programs like (ACT/ TCCOOMI/ Early Onset Psychosis) programs for this patient population would be ideal

<u>If no,</u>

Why do you think your practitioners are not providing PMI services?

Women with PMI are not presenting at our clinics – 33% (5/15)

We do not have providers specialized in treatment of PMI – 53% (8/15)

Our providers do not feel comfortable treating women with PMI – 13% (2/15)

Other providers exist in our area who specialize in the management of women with PMI – 7% (1/15)

Other reason –

- We have some that come in that qualify for services, but we don't specifically admit women with PMI. We would like to expand to be able to treat PMI more specifically
- Our MDs do treat PMI but not to the extent we could if we could make use of additional trainings. Our APNs have expressed they are NOT comfortable treating women with PMI
- Some providers are trained in PMI, but most are not